



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EMPLOYMENT TRAINING SECTION

INDIVIDUAL TRAINING/REFERRAL ACCOUNT

P.O. BOX 480
JEFFERSON CITY, MISSOURI 65102

DESE 6

REGION

PLEASE CHECK
APPROPRIATE
BOXES

☐ WIA TITLE I ADULT

☐ WIA DISLOCATED WORKER (LOCAL)

☐ NAFTA

☐ WIA TITLE I YOUTH

☐ WIA DISLOCATED WORKER (STATEWIDE)

☐ TAA

☐ DFS

☐ PFS

☐ OTHER _____

☐ NEW PARTICIPANT

☐ REVISION:

☐ ADDITION

☐ REDUCTION

☐ CANCELLATION;

LAST DAY OF ATTENDANCE _____

A. THIS SECTION TO BE COMPLETED BY REFERRING OFFICE (PLEASE PRINT OR TYPE)

| | | | |
|---|--|-----------|--|
| 1. NAME OF PARTICIPANT (LAST) (FIRST) (INITIAL) | | | SOCIAL SECURITY NUMBER |
| 2. ADDRESS OF PARTICIPANT | | | COUNTY OF RESIDENCE |
| 3. REFERRING OFFICE (NAME) | | (ADDRESS) | (PHONE #) |
| 4. TRAINING AGENCY | | (ADDRESS) | (PHONE #) |
| 5. COURSE TITLE | | | CIP-TC CODE |
| 6. PELL GRANT | 6A. <input type="checkbox"/> HAS APPLIED <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> ELIGIBLE; If eligible, please complete section 6b. | | 6B. Amount to be utilized for tuition _____ fees _____ supplies _____ Amount to be disbursed to student _____ |

BOXES 7, 8, 9 & 10 APPLY ONLY TO THAT PORTION OF THE TRAINING TO BE FUNDED BY WIA/DFS/PFS. WHEN COMPLETING THESE BOXES INDICATE THE AMOUNTS BASED ON THE TOTAL PERIOD TO BE FUNDED.

| | | | | | |
|--|--|---------|---|---------|---|
| 7. IF STUDENT IS ATTENDING CREDIT HOUR COURSE(S), INDICATE | If student is attending non-credit hour course(s), and | | | | 10. INDICATE WHICH PROGRAM THE STUDENT IS ATTENDING <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Evening classes <input type="checkbox"/> Day classes |
| | 8. FUNDING 100% OF COURSE COSTS. INDICATE (IF KNOWN) | | 9. FUNDING LESS THAN 100% OF COURSE COSTS. INDICATE | | |
| # of credit hours | 1ST YR. | 2ND YR. | 1ST YR. | 2ND YR. | |
| Tuition amt. (if known) | | | | | |
| Cost of fees | | | | | |
| Cost of supplies | | | | | |
| # of semesters | | | | | |
| <input type="checkbox"/> In district OR <input type="checkbox"/> Out of district | | | | | |
| 11. BEGINNING DATE FOR FUNDING PURPOSES | | | PLANNED ENDING DATE | | |

COMMENTS

The undersigned has selected and referred the person for training as specified above, and certifies with respect thereto that: (1) The above named participant is eligible for funding; and (2) The training to be provided is for a demand occupation in the area or another area to which the participant is willing to relocate.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

PLEASE PRINT OR TYPE NAME

B. THIS SECTION TO BE COMPLETED BY STATE VOCATIONAL EDUCATION OFFICE

| | | | | | | | |
|---|----------|--|--|----|----------|--|--|
| 1. FOR BILLING PURPOSES CERTIFICATION NUMBER | | | | | | | |
| 2. RATE (UNIT TYPE AND NUMBER OF UNITS) | | | | | | | |
| FY | TUITION | | | FY | TUITION | | |
| | FEES | | | | FEES | | |
| | SUPPLIES | | | | SUPPLIES | | |
| | TOTAL | | | | TOTAL | | |